Bealth Bepartment, Gity of Baltimore.
Permit No. 986 / 2-Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within to the Undertaker or other person superintending the burial, within to the Undertaker or other person superintending the burial, within to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within the presentation of the presen
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, March 17, 1887
Full Name of Deceased, Write legibly and spell Correctly. If an Infant not named give names
Sex, Male or Female, {Cross out the word not } /Emale
Age, S4 Years, Months, Days.
Color, Cohile
Married, Single, Widow or Widower, {Cross out the words not } Coidow
Occupation,
Birth Place, {State or country, and how long in the United States, of foreign birth.
Duration of Residence in the City of Baltimore, 34 470.
Place of Death, {Give Street and } 407 Eden St
(First (Primary), Corebral Capoplexy
Cause of Death, Second (Immediate), Caralysis
Duration of Last Sickness, 6 dayer
All the above information should be furnished by the Physician.
Place of Burial, Black horse tarford to sud.
Date of Burial, March 15. 1887)
(Undertaker, Um. 96. Hickman (12) Medical Attendant
Place of Pagings 2401 4 Adams 30571 600 Medical Attendant,
(Place of Business, 2 3 TOU SayAddress, 103/(. Coroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case copy order his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a cordicate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permit No. 986/2 Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-join to be preferred to death of said deceased, or sooner, i requested so to do, under penalty of law.
No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH
Date of Death, MANGET TENTOS
Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, (Cross out the word not) (Whighlinan)
Age, 36. 3 5 Years, Months, Days.
Color, cultile "
Married, Single, Willow or Willower, {Cross out the words not }
Occupation, Shand Tillenfer
Birth Place, State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 2/5 / fle Schen
Cause of Death, { First (Primary), Physical Good (Immediate),
Duration of Last Sickness, 2 1 Ecos. All the above information should be furnished by the Physician.
Place of Burial, efforent Olivet Cent
Date of Burial, March 19t (889)
(Undertaker, In f. Audwice M. D.
Place of Business & Ford Dund Hall Address, Address, Address,
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Bealth Bepartment, Oity of Baltimore.
Permit No. 9867 - Office of Registrar of Wital Statistics. Ward 14
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-down hours after the death of said deceased, or sooper, if
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Proper Certificate.
CERTIFICATE OF DEATH.
Date of Death, Reach 17 7887
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.
Sex, Male or Female, {Cross out the word not }
Age, Tears, Months, Days.
Color.
Married, Single, Widow or Widower, {Cross out the words not }
Occupation,
Birth Place, {State or country, and how long in the United States, if of foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and } 924 Lecce or
Cause of Death, Second (Immediate), Philips Rules or Cause of Death,
Duration of Last Sickness, 12 // All the above information should be furnished by the Physician.
Place of Burial, St. vincents
Date of Burial, Mar 20th) I & Classett
(Undertaker, for 6 vivin M. D. Medical Astendant.
Place of Business, 201. Holling Haddress, 36 S. E. Lewis

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Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 980 75 office	e of Regist	rar of vill	W Sugistics.	. Ward	<i>J</i>
The Physician who attended any perso to the Undertaker or other person superinte requested so to do, under penalty of law.			10 1687 - 8		r sooner,
No Permit for B	SURIAL CAN BE OB	TAINED WETHOUT	PROPER CERTIFIC	DATE.	7
CERTII				H.	×
Date of Death,	marc		1	,	
$Full \ Name \ of \ Deceased, egin{cases} ext{Write leg} \ ext{correctly.} \ ext{not name} \ ext{of parent} \ ext{of parent} \ ext{of parent} \end{cases}$	d, give names		etta 4		
Sex, Male or Female, Cross out the required in this	word not }	Ties	nal	e	
Age, 43 Yea		4	Months,	6.	Days
Color,	Calo	red			
Married, Single, Widow or Wid	ower, { Cross out the required in t	e words not }	Smy	ele!	/
Occupation	2	rone		L	/
Birth Place, {State or country, and how long in the United States, if of foreign birth.	lec	lvers	160/	mod	-
Duration of Residence in the C	City of Baltim	ore,	Soy	22	
Place of Death, Give Street and Number.	106	Welco	onte	alley	
Cause of Death, $\begin{cases} \text{First (Primary),} \\ \text{Second (Immedia)} \end{cases}$	0		11		
Second (Immedia	te), 60 or	nea.	of Na		/
Duration of Last Sickness,		Two	near	8	
An the above iniormation should be furnished	oy the I hysician.	Mah			
Place of Burial, Called	et 60	divoc	0 1	1	
Date of Burial, MOUNCAL	96887	1/m	PU		
(Undertaker, Herlice	HOSS \	100	o, con	Medical Attendant.	. M. D
Place of Business, 1048	ansford)	Address,	023 m	rolliso	n An
Extract from Regulations of the Board			orrect record of t	the Vital Statisti	cs in the
Section 2. And be it further enacted a	nd ordained, That w	Baltimore. whenever any perso	n shall die in the sai	d city, it shall be t	he duty o
the Physician who attended during his or twenty-four hours after the death, to the Und	lertaker or other pe	ersons superintendi	ng the Buriali a cert	ificate setting fort	h as far m
the same can be ascertained, the full name, seand date of death.	ex, age, and condition	on (whether marri	led or single) of the j	person deceased, an	d the caus

Bealth Bepartment, City of

Megani, Meharimeni, Ging of Mainmore.
Permit No. 780 / Office of Registrar of Vital Statistics. Ward
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if
requested so to do, under penalty of law. No Permit for Burial can be Obtained without a Profes Certificate.
10 1837 2
CERTIFICATE OF DEATH.
Date of Death, March 17 -
Full Name of Deceased, {Write legibly and spell correctly. If an Iniant not named, give names of parents.}
Sex, Male or Female, {Cross out the word not } It was all
Age, 6 2 Years, Months, Days
Color, White.
Married, Single, Widow or Widower, {Cross out the words not } Married.
Occupation, / touseurfe.
Birth Place, (State or country, and how) foreign birth.
Duration of Residence in the City of Baltimore,
Place of Death, {Give Street and} 100 Young h
Cause of Death, { First (Primary), Methal Requiry tation Heart. Second (Immediate), Extraustion. Coma.
Duration of Last Sickness, 2 Years. All the above information should be furnished by the Physician.
Place of Burial, It Walhous Chaul Gernelry
Date of Burial, Whark 20th 1887 Saunder M. D.
(Undertaker, Glelar Frey Medical Attendant.
Place of Business, 91 Calern Or Address, 819 & Thase 5
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health	Hepartm	ent, Qui	i o day	ltimore.	-#
Permit No. 98677.	Office of Res	gistrar of Y	ila Statisti	Ward C	5
The Physician who attended an to the Undertaker or other person s requested so to do, under penalty of No Permi	ny person in a last illne superintending the bur	ess, is responsible for a lial, within twenty-four	he presentation of the hours after the deat	is Certificate, accurate h of said deceased, o	ly filled out, r sooner, if
CER	TIFICA	TE OF	DEAT	ГН.	1
Date of Death,		Pa Pa	weh 16		
Full Name of Deceased, $\{$	Write legibly and spell correctly. If an Infant not named, give names	mary &	Y saime	noim	o
Sex, Male or Female, {Cross of require	out the word not }	0	Ber	nale	
Age,) 9	Years,	2	Months,		Days
Color, Brown IV			······································		
Married, Single, Widow of	r Widower, {Cros	sout the words not }	3mg	er ()	
Occupation,			No	ne -	·
Birth Place, State or country, and long in the United State of foreign birth.	1 how States,		Balt	wine w	
Duration of Residence in	the City of Bal	$timore, \dots$	with	eliza	
Place of Death, {Give Street an Number.	d }	.)	01231	Jefferson	de
Cause of Death First (Prin	mary),	160	rebrol ?	Termor she	f-
Cause of Death, Second (In	mmediate),		6	ma	0
Duration of Last Sickness			and	gul	
All the above information should be Place of Burial	1/11	/			
Date of Burial, Cas	4 100	(989) W	. TA. 3500	1000010	W D

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Medical Attendant.

Undertaker, Same III. Khate

Place of Business, 6 4

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Place of Business,

	3 0
Permit No. 18678	OFFICE OF REGISTRAR OF VITAL STATISTICS.
The Physician who attended any person in a last illness is out, to the undertaker or other person superintending the busioner, if requested so to do, under penalty of law.	responsible for the presentation of this Certificate, accurately filled within twenty-four hours after the death of said deceased, or
NO PERMIT FOR BURIAL CAN BE OBT	AINED WITHOUT A PROPER CERTIFICATE.
	WAN 90
CERTIFICA	CE OF DEATH.
Date of Death, March 17th	May Modan.
Full Name of Deceased, { Write legibly and spell correctly. If an infaut not named, give names of parents.	eza lo. Jordan
Sex, Male or Female, (Cross out the word not)	
Age, Sixty two Years,	Months, Days.
Color, White	Sex,
Married, Single, Widow or Widower, { Cross out the words not }	
Occupation,	, 0
Birthplace, { State or country (and how long in the United States, if }	core Mid
	efetime
Place of Death, {Give street and} 1901 & A	att,
Cause of Death, Second (Immediate,) Cause	ing chening ulelvated
Duration of Last Sickness, About 2. All the above information should be furnished by the Physician.	month; but not well
Place of Burial, Green Mount 6	em no Was
Place of Burial, Green Mount 6. Date of Burial, March 19 3	Dem. Jr R Way M.D. Medical Attendant.
& Undertaker, G. France	Address 414 S. Patterson Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Bealth D	epartment,	City of L	altimore.	
Permit No. 98679 Off	ice of Registrar	of Vital Stati.	stics. Ward	11-
The Physician who attended any period the Undertaker or other person superiod requested so to do, under penalty of law. No Permit for	rson in a last illness, is respontending the burial, within a BURIAL CAN BE OBTAINE	As Well	WAX.	irately filled out,
	IFICATE	18 1	to!	0
Date of Death,	mar	. 17th.	7887	
$Full \ Name \ of \ Deceased, \left\{ egin{smallmatrix} ext{Write} \ ext{correct} \ ext{not not not not pare} \ ext{} \end{array} ight.$	ents.	Marine	Johns	ou.
Sex, Male or Female, { Cross out the required in	he word not }			
Age, 30 I	Tears,	Months,		Days.
Color,	Col	ored		
Married, Single, Willow or W	namer, {Cross out the words required in this line	not}	1/	
Occupation,	Co		······································	
Birth Place, State or country, and how long in the United States, if of foreign birth.	Persu	11 11	via,	
Duration of Residence in the	City of Baltimore,	1 11	years	
Place of Death, {Give Street and }	340			
First (Primary	, Wern	re Care	moma	
Cause of Death, $\begin{cases} \text{First (Primary Second (Immed)} \end{cases}$	diate),	Eylans	tion	
Duration of Last Sickness,	ed by the Physician.	ast 6	mont	Le.
Place of Burial, Sharp	7. Olmeter			
Date of Burial March	3 1 1887)	Eldrida	o Copie	Q м. D.
(Undertaker, Saml 111	Mare	11	Medical Attendant	
Place of Business, A/	Howard Co	wessice 953	madison	aux.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within wenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Perm The out, to sooner,

Date o Full A Sex, M

Age, Color,

Occupe

Birthp

Marrie

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Place of

Durati

All Place o

Date of

SEC of the U within t setting f

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, according filled on to the Undertaker or other person superintending the burial, within twenty four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE ORTANED WITHOUT A PROPER CERTIFICATE. Date of Death,... Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Sex, Male or Female, Cross out the word not required in this line. Days. Age,Years, Months, Color. Married, Single, Widow or Widower, {Cross out the words not } Occupation,Birth Place, {State or country, and how long in the United States, if of foreign birth. Duration of Residence in the City of Baltimore, $Place\ of\ Death, \{^{ ext{Give Street and}}_{ ext{Number.}}\}$ Cause of Death, $\left\{\begin{array}{l} \text{First (Primary),} \end{array}\right.$ Second (Immediate), Duration of Last Sickness, All the above information should be furnished by the Physician. M. D. (Undertaker, S | Place of Business, (& Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore. Section 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his rotice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far us

the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause

and date of death.

epartment,

Outn of

Place of Business,

Health Menartment. City of Baltimore.	
Permit No. 9868 Office of Registrar of Vital Statistics. Ward	
Permit No. O 8 Office of Registrar of Vital Statistics. Ward The Physician who attended any person in a last illness, is reponsible for the presentation of this Certificate, accurdely filled.	suct
to the Undertaker or other person superintending the burial, within the flour hours after the death of said deceased, or sooner requested so to do, under penalty of law.	, Ē
No Permit for Burial can be Obtained without a Proper Certificate.	
CERTIFICATE OF DEATH.	
Date of Death, March. 17 th 1887	
Date of Death, Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sex, Male or Female, {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Deceased {Cross out the word not } The sex of Decea	-
Sex, Male or Female, { Cross out the word not } Female,	
Age, Years, Months, April Day	ys.
Color, White,	
Married, Single, Widow or Widower, {Cross out the words not } Single,	
Occupation.	
Birth Place, State or country, and bow long in the United States, Hatemit //3+ //5 W. Cumber of States, of foreign birth.	<u>-</u>
Duration of Residence in the City of Baltimore, Life Time	
Place of Death, (Give Street and) Meterite 1/3 + 1/5 No Combonel St	1
(First (Primary) Branchitis	
Cause of Death, { First (Primary), Branchitis, Second (Immediate), Cashlyxia,	
Second (Immediate),	
Duration of Last Sickness, All the above information should be furnished by the Physician.	
Place of Burial, Reserved for	
Date of Burial, anatomied	
(Undertaker, Luche ares	D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in t City of Baltimore.

Address /13 4 /15 N. C.

Medical Attendant.

Section 2. And be it further exacted and ordained. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the case and date of death.